Attorney Docket No. 1032567-00004

Application of

Filing Date:

Sir:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

MAIL STOP AF

Noriyuki Jinbo et al.

Application No.: 09/901,032

July 10, 2001

Group Art Unit: 2626

Examiner: SATWANT K SINGH

Confirmation No.: 6369

Title: IMAGE FORMING SYSTEM AND IMAGE FORMING APPARATUS

AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Enclosed is a reply for the above-identified patent application.								
	A Petition for Extension of Time is also enclosed.							
X	A Terminal Disclaimer(s) and the \$\Bigsigmu\$\$ \$65.00 (2814) \$\Bigsigmu\$\$ \$130.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.							
	Also enclosed is/are							
	Small entity status is hereby claimed.							
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$395.00 (2801) \$790.00 (1801) fee due under 37 C.F.R. § 1.17(e).							
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered. Continued examination is requested based on the enclosed documents identified above.							
	Applicant(s) previously submitted							
	on, for which continued examination is requested.							
	Applicant(s) requests suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.							
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.							

Attorney Docket No. <u>1032567-000017</u> Application No. <u>09/901,032</u>

X	No additional claim fee is required.
	An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS							
	No. of Claims	Highest N of Claim Previousl Paid Fo	s y	Extra Claims		Rate	Additional Fee
Total Claims	32	MINUS 32	2 =	0	x	\$50.00 (1202) =	\$ 0.00
Independent Claims	8	MINUS 8	=	0	×	\$200.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$360.00 (1203)							
Total Claim Amendme	\$ 0.00						
☐ Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee							\$ 0.00
TOTAL ADDITIONAL	\$ 0.00						

	A check in	the amount	is enclosed for the fee due.			
	Charge _		to Deposit Accor	unt No. 02-4800.		
X	Charge	\$ 130.00	to credit card. F	Form PTO-2038 is attached.		

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Вγ

Respectfully submitted,

BUCHANAN INGERSOEL PC>

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Date: April 21, 2006

Ellen Marcie Emas

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